SEE NOTATIONARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  State File No. 3.9.  Registered No. 3.0.  Registered No. 3.0.  State File No. 3.0.  Registered No. 3.0.  R	2	& am all les all & na	
SEE NOTATIONARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS  STANDARD CERTIFICATE OP BIRTH  State  Ward  County  State  No. 505  County  County  No. 505  County  County  No. 505  County  County  No. 505  County  County  County  No. 505  County  Count	CERTIFICATE AMENDED marie	age record 12-7-46 (7411-720)	
County  County  County  County  City  City	SEE NOTATIONARIZONA STATE BOARD OF HEALTH		
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District or Township.  Or Village.  Or Or Name of child or or village.  Or Or Or race  Or Or race  Or Or race  Or O	49.0	//	
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S. Full name of child.  To be answered ONLY in event of plural births.  S. No. of Child in the power of plural births.  S. No. in order of birth yes of birth.  S. No. in order of birth yes of birth.  S. Residence (Usual place of abode)  If non-resident, give place and state.  If non-re			
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